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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/561,363			ing Date 18/2006	☐ To be Mailed	
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY													
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A			N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x s =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =					X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar			oplication size fee due I entity) for each fraction thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* 15	the difference in colu	r "0" in col		TOTAL		ı	TOTAL						
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMA										ER THAN ALL ENTITY			
AMENDMENT	07/15/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 21	Minus	- 23		= 0	П	x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	···3		- 0	П	X \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	:			П	X \$ =		OR	x s =		
Š	Independent (37 CFR 1 16(h))		Minus	***		-	ı	X \$ =		OR	X 8 =		
Ĭ	Application Size Fee (37 CFR 1:16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))						l			OR		·	
										OR	TOTAL ADD'L FEE		
** 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Lggal Instrument Examiner: "If the "Highest Number Previously Paid For WT HIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For WT HIS SPACE is less than 3, enter "3". "EAON SMALLWOOD! The "Highest Number Previously Paid For WT HIS SPACE is less than 3, enter "3". FEAON SMALLWOOD! The "Highest Number Previously Paid For WT HIS SPACE is less than 3, enter "3".												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to comprise, including patienting, preparing, and submitting the comprised application from the USPTO. Time will way depending upon the individual case. Any comments on the amount of time you require to comprise this form and/or suggestions for reducing this founds, should be sent to the Chief Information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Disk 1470, Alexandria, V.M. 22313-1450, D.O. NOT SEND FEES OR LOWNELEET D-FIRM TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.